

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B (FRONT OF FORM)

Type of Application: Mark (X) the box indicating the type of application. The front of the form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or New Carrier or Fleet. The back of the form, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

IRP Account #: When applying for a New Carrier or Fleet IRP account, enter "New." When applying for any other type of activity, enter the previously assigned account number.

Fleet #: Optional, for customer reference only.

Effective Date of IRP Operation: Enter the date (month/day/year) that interstate operation of the vehicle(s) began or the date that new jurisdictions of travel are needed or weight changes occur. This date should match the effective date entered on Schedule C. Penalties may be due for original application or vehicle additions when fees are paid more than 20 days after the effective date or for renewals submitted with fees after their expiration date.

Application Year(s): If you add a vehicle to your fleet 60 days prior to your fleet expiration date, you must mark (X) the box labeled "Current and Subsequent Year" and deposit IRP fees for both years. Two separate Schedule B mileage reports must be submitted with the application and each must be clearly marked to indicate the license year of the mileage report.

Registrant Name/Legal Name: Enter the legal name of the business or owner/operator.

DBA (if applicable): Enter "doing business as" name.

Business Address: Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

City/State/Zip: Enter City, State and Zip Code of the business address.

Mailing Address: Enter mailing address (physical or post office box) where correspondence and credentials are to be mailed. This may be the address of a licensed registration service agent.

City/State/Zip: Enter the City, State, and Zip Code of the mailing address.

Registrant Authorized Employee Name: Enter the name of the owner/operator or employee authorized to act on behalf of the registrant. The employee cannot be a registration service agent or his/her employee.

Daytime Telephone #: Enter the daytime telephone number of the owner/operator or employee contact person.

Fax #: (Optional) Enter the FAX number for the owner/operator or authorized employee.

Email Address: (Optional) Enter the Email address for the owner/operator or authorized employee.

Registration Service Agent Business Name: If the registrant will be represented by a DMV licensed registration service agent, enter the agent's business name.

Registration Service Agent Business Address: Enter the registration service agent's business address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's business address.

Registration Service Agent Contact Person(s): Enter the name of the contact person for the registration service agent.

Registration Service Agent Mailing Address: Enter the registration service agent's mailing or post office box address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's mailing address.

Registration Service Agent Telephone #: Enter the telephone number of the registration service agent.

Registration Service Agent FAX #: (Optional) Enter the FAX number for the registration service agent.

DMV Occupational License Number and Expiration Date: Enter the registration service agent's DMV Occupational License (OL) Number and expiration date.

Email Address: (Optional) Enter the registration service agent's email address.

IFTA #: Enter the International Fuel Tax Agreement (IFTA) number if the IRP registrant files fuel taxes.

CA Motor Carrier Permit (CA#): (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

FMCSA MC or MX Number: Motor carriers operating "for hire" must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

USDOT (Carrier) #: Enter the carrier's US Department of Transportation (USDOT) number.

Taxpayer ID (FEIN or SSN) #: Enter the registrant's taxpayer identification number (FEIN, SSN, or EFC).

USDOT (Vehicle) #: Enter the US Department of Transportation (USDOT) number of the motor carrier responsible for vehilce safety.

Taxpayer ID (FEIN or SSN) #: Enter the registrant's taxpayer identification number (FEIN, SSN, or EFC).

Commercial Driver License #: Enter the state that issued the Commercial Driver License and the License number of the owner/operator.

California PUC-T #: Enter the California Public Utility Commission number for bus, limo, or taxi only.

Printed Name: Enter the printed name of person certifying application.

Signature and date: Signature of the person responsible for the safe operation of the vehicle and the date signed.

Signature (Declaration): The registrant must sign under penalty of perjury. Enter registrants title and the date signed.

Type of Operations: Mark (X) all boxes that pertain to your business under PVT – Private Carrier or A – All.

Complete for New Carrier or Fleet IRP Applications Only: All applicants for New Carrier or Fleet IRP Account must answer the three questions shown in this portion of the form. 1) Mark (X) this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. 2) Mark (X) this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. 3) Mark (X) this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

Registration Service Agent Authorization: Enter the License year. The Registrant and authorized Registration Service Agent (if applicable) must sign and date the application.

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B MILEAGE REPORT (BACK OF FORM)

IMPORTANT: REVIEW THE REQUIREMENTS FOR REPORTING ACTUAL AND ESTIMATED MILEAGE IN CHAPTER 3, "FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS" OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE. Visit our website at dmv.ca.gov and select "Vehicle Industry Handbooks" to view the California IRP Handbook.

Type of Application: Mark (X) the box to indicate the type of application being submitted.

IRP Account Number: When applying as New Carrier or Fleet IRP account, enter "New." When applying for any other type of activity, enter the previously assigned account number.

Fleet Number: Enter Fleet number.

IRP License Year: Enter from date and to date.

Registrant Name: Enter the registrant's name as reported on the Schedule A portion of the application.

Jurisdiction: You must mark (X) the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/ registration. If a jurisdiction box is marked, mileage (actual or estimated) must be entered in the related mileage box by the customer or registration service agent.

EST: This box must be checked if the mileage entered in the mileage box has been estimated.

Mileage: Estimated or actual miles must be entered by the customer or registration service agent for all jurisdictions where the fleet will be qualified for IRP operation/registration.

Total Actual Miles: Enter total actual miles reported for all jurisdictions.

Total Estimated Miles: Enter total estimated miles for all jurisdictions.

Grand Total Mileages: Enter combined total of all miles (actual and estimated) for all jurisdiction.

Explain How Mileage was Estimated: Provide explanation of estimated miles or submit supporting documentation.



CALIFORNIA IRP CARRIER DATA-SCHEDULE A/B

	newal notice was recei	ved from DMV. Complete all fields of information						
☐ New Carrier ☐ New Fleet: Comp	plete all fields of inform	ation except IRP Account Number to be assig	ned by DMV. Schedule C must be att	ached.				
IRP ACCOUNT #	FLEET#	ENTER EFFECTIVE DATE OF IRP REGISTRATION						
			APPLICATION YEAR (S) CURRENT YEAR ONLY OR CURRENT AND SUBSEQUENT YEAR					
REGISTRANT NAME/LEGAL NAME			DBA (IF APPLICABLE)	ON CONNENT AND SOBSEQUENT TEAM				
REGISTRANT NAME/LEGAL NAME			DDA (II AFFEICABLE)					
BUSINESS ADDRESS (MUST BE A CA PHYSICAL LOCATION	N):		CITY/STATE/ZIP CODE					
MAILING ADDRESS	,		CITY/STATE/ZIP CODE					
REGISTRANT AUTHORIZED EMPLOYEE NAME	DAYTIME TELEPHONE #		FAX #	E-MAIL ADDRESS				
REGISTRATION SERVICE AGENT BUSINESS NAME	REGISTRATION SERVICE AGE	ENT BUSINESS ADDRESS	CITY/STATE/ZIP CODE					
REGISTRATION SERVICE AGENT CONTACT PERSON(S)	REGISTRATION SERVICE AGE	ENT MAILING ADDRESS	CITY/STATE/ZIP CODE					
, ,								
REGISTRATION SERVICE AGENT TELEPHONE #	REGISTRATION SERVICE AGE	ENT FAX #	DMV OCCUPATIONAL LICENSE #	E-MAIL ADDRESS				
			EXPIRATION DATE					
COVERNMENT AUTHORITY NUMBERO		TVDE OF ODERATIONS	TO DE COMPI ETER EOR ORIGI	NAL IDD ADDI IOATIONO ONI V				
GOVERNMENT AUTHORITY NUMBERS		TYPE OF OPERATIONS	TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY:					
IFTA #		("X" all that are applicable)	1) Does this fleet and/or vehicles have					
CA Motor Carrier Permit (CA #)		COM – Common Carrier	another jurisdiction within the past 24 months?					
FMCSA MC or MX #		CON – Contract Carrier	☐ Yes ☐ No					
*US DOT (Carrier) #		FHE – For Hire Exempt	If yes indicate state	and vear				
*Taxpayer ID (FEIN or SSN or RFC)#		FHR – For Hire Rental	,	<i>,</i>				
*US DOT (Vehicle) #		FOR – For Hire	2) Does this fleet and/or vehicles have any history of prior California IRP					
*Taxpayer ID (FEIN or SSN or RFC)#		PVT – Private Carrier	registration?					
Commercial Driver License # State #			If yes show ca IRP acct # Registrant name:					
California PUC-T #		A – ALL						
California FOC-1 #		E – Exempt	3) Have the vehicles registered in this application been operated in interstate					
USDOT Number		H – Household Goods	commerce under alternative permit registration within the past 24 months?					
*Pursuant to section 8100 of the California Vehic		L – Logs	☐ Yes ☐ No					
apportioned registration must contain both the Identification Number (TIN) for the safe operati		P - Passengers	If yes indicate states of travel:					
registered.	on or each verticle being	Designation Compiles Asset Authorization. The cond	levelene of duty consists the Decistration C	tamina Ament to various at the few all DNAV				
	oortifu.	Registration Service Agent Authorization: The und						
that I am familiar with the State and Federal Mo	certify	purposes relating to the IRP registration of my flee	et/vehicles for the license year.					
Regulations and/or the Federal Hazardous Mat	•							
	-	Cignature of Dagi	otro pt	Doto				
Signature Date		Signature of Regi	Strant	Date				
Joignature		The undersigned authorized service agent declares, under penalty of perjury, that the information contained on this and all attached						
Declaration: I certify (or declare) under penalty of the State of California that the foregoing info		IRP documents is true and correct according to information personally known by or provided to me.						
sides of this form is true and correct.	ATTICLE OF SHORE							
		Ciampatium of Australiand Devices	tion Coming Agent					
Cionatura Tilla	Data	Signature of Authorized Registra	alion Service Agent	Date				
Signature Title	Date							

CALIFORNIA IRP CARRIER DATA - SCHEDULE A/B

TYPE OF APPLICATION: New Carrier New Fleet Renewal Add Jurisdiction Amended by Request of DMV															
IRP ACCOUNT # FLEE		FLEET		IRP LICENSE YEAR:					REGISTRANT NAME						
					Month		Yea	ar TO M	onth _	Year					
INS	Enter Enter	an X in the box in fi	ront of e	each juris	diction for wh	ich y	ou are	orior to the year of re e applying for IRP op has been estimated a	erating	authority.	how	the mile	es were estimated.		
	J	urisdiction	Est	М	ileage		J	urisdiction	Est	Mileage		Jı	urisdiction	Est	Mileage
	AB	Alberta (I)					MD	Maryland (I)				ОК	Oklahoma (I)		
	AL	Alabama (I)					ME	Maine (I)				ON	Ontario (I)		
	AR	Arkansas (I)					MI	Michigan (I)				OR	Oregon (I)		
	AZ	Arizona (I)					MN	Minnesota (I)				PA	Pennsylvania (I)		
	вс	Brit. Columbia (I)					МО	Missouri (I)				PE	Prince Ed. Is. (I)		
	CA	California (I)					MS	Mississippi (I)				QC	Quebec (I)		
	СО	Colorado (I)					МТ	Montana (I)				RI	Rhode Island (I)		
	СТ	Connecticut (I)					MX	Mexico				SC	S. Carolina (I)		
	DC	Dist. Columbia (I)					NB	New Brunswick (I)				SD	S. Dakota (I)		
	DE	Delaware (I)					NC	North Carolina (I)				SK	Saskatchewan (I)		
	FL	Florida (I)					ND	North Dakota (I)				TN	Tennessee (I)		
	GA	Georgia (I)					NE	Nebraska (I)				TX	Texas (I)		
	IA	Iowa (I)					NH	New Hampshire (I)				UT	Utah (I)		
	ID	Idaho (I)					NJ	New Jersey (I)				VA	Virginia (I)		
	IL	Illinois (I)					NL	Newfoundland				VT	Vermont (I)		
	IN	Indiana (I)					NM	New Mexico (I)				WA	Washington (I)		
	KS	Kansas (I)					NS	Nova Scotia (I)				WI	Wisconsin (I)		
	KY	Kentucky (I)					NT	NW Territories				WV	West Virginia (I)		
	LA	Louisiana (I)					NV	Nevada (I)				WY	Wyoming		
	МА	Massachusetts (I)					NY	New York (I)				YT	Yukon Territory		
	МВ	Manitoba (I)					ОН	Ohio (I)							
Ex	olain h	ow mileage was esti	imated									•	Total Actual Miles		
Total Estimated Miles															
Grand Total Mileages															